

<i>SERFF Tracking Number:</i>	<i>STNA-125473881</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#28920 \$50</i>
<i>Company Tracking Number:</i>	<i>LG-UCC-AR-IL-001-F</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Inter-line</i>		
<i>Project Name/Number:</i>	<i>Independent forms/LG-UCC-AR-IL-001-F</i>		

## Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: Inter-line	SERFF Tr Num: STNA-125473881	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: #28920 \$50
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: LG-UCC-AR-IL-001-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Larry Wilk	Disposition Date: 03/03/2008
	Date Submitted: 02/25/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 03/03/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 03/03/2008

State Filing Description:

## General Information

Project Name: Independent forms	Status of Filing in Domicile: Pending
Project Number: LG-UCC-AR-IL-001-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/03/2008	
State Status Changed: 02/29/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are filing 2 independent forms to be used with our Regional Trucking program.

The text of the forms is identical to those filed by Universal Casualty Company under AR filing #'s AR-PC-07-022615 and 28527.

Please note that we are not filing the terrorism disclosure form on an expedited basis as this is a new program and we

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would not be able to use that form until several other filings are approved.

## Company and Contact

### Filing Contact Information

Larry Wilk, Compliance Manager	lwilk@univcas.com
150 Northwest Point Blvd	(847) 700-9163 [Phone]
Elk Grove, IL 60007	(847) 228-4104[FAX]

### Filing Company Information

State National Insurance Company Inc.	CoCode: 12831	State of Domicile: Texas
8200 Anderson Boulevard	Group Code: 93	Company Type: Property & Casualty
Fort Worth, TX 76120	Group Name:	State ID Number:
(800) 877-4567 ext. [Phone]	FEIN Number: 75-1980552	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State National Insurance Company Inc.	\$0.00	02/25/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
28920	\$50.00	02/21/2008

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	03/03/2008	03/03/2008

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## Disposition

Disposition Date: 03/03/2008

Effective Date (New): 03/03/2008

Effective Date (Renewal): 03/03/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Third Party authorization	Approved	Yes
<b>Form</b>	Aggregate Deductible	Approved	Yes
<b>Form</b>	Policy Holder Disclosure Notice Of Terrorism Insurance Coverage	Accepted for Informational Purposes	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Aggregate Deductible	IL 001	12 06	Endorsement/Amendment/Conditions	New	0.00	IL 001 12 06 - Aggregate Deductible.pdf
Accepted for Information Of Terrorism al Purposes	Policy Holder Disclosure Notice Insurance Coverage	IL 002	01 08	Disclosure/ Notice	New	0.00	IL 002 02 08 corrected.pdf

POLICY NUMBER:

IL 001 12 06

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **AGGREGATE DEDUCTIBLE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM  
MOTOR TRUCK CARGO LEGAL LIABILITY FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:          (Authorized Representative)
Named Insured:	

Regardless of the number of coverage parts involved in any one accident resulting in loss, the aggregate deductible for all coverage parts indicated below by an "X" shall not exceed the sum of \$                      if arising out of the same accident.

- ☐ Auto Bodily Injury
- ☐ Auto Property Damage
- ☐ Auto Physical Damage
- ☐ Cargo

# State National Insurance Company, Inc.

## **POLICY HOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

*THIS FORM APPLIES ONLY FOR MOTOR TRUCK CARGO & GENERAL LIABILITY*

### **SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

UNDER FEDERAL LAW, STATE NATIONAL INSURANCE COMPANY, INC. MUST OFFER YOU COVERAGE FOR CERTIFIED TERRORIST ACTS. YOU HAVE THE RIGHT TO ACCEPT OR REJECT THE OFFER. YOU MUST MAKE YOUR SELECTION AND RETURN THIS FORM BEFORE ANY OF YOUR COVERAGES CAN BECOME EFFECTIVE.

CHECK A BOX BELOW, SIGN THE FORM AND RETURN IT TO  
STATE NATIONAL INSURANCE COMPANY, INC.

☐

I hereby elect to purchase "Certified Terrorism" coverage. I understand there is a charge for the coverage and I will be billed a premium. ☐ General Liability Only ☐ Inland Marine/Cargo Only  
☐ General Liability and Inland marine/Cargo

☐

I hereby elect to have the exclusion for terrorism coverage added to this policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
*Policyholder/Applicant's Signature*

STATE NATIONAL INSURANCE COMPANY, INC.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Policy Number (s)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Named Insured

### **EXPLANATION**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have the right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of Treasury – in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM "CERTIFIED ACTS OF TERRORISM", SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.



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## **Rate Information**

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## Supporting Document Schedules

		<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Uniform Transmittal Document-Property & Casualty	Approved	03/03/2008
<b>Bypass Reason:</b>	This information is included in the General Information and Form Schedule tabs.		
<b>Comments:</b>			

		<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Third Party authorization	Approved	03/03/2008
<b>Comments:</b>			
<b>Attachment:</b>			
Authorization letter.pdf			



February 20, 2008

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

**Re: Letter of Filing Authorization  
State National Insurance Company, Inc.  
Interline Forms Filing**

Dear Ladies/Gentlemen:

This letter will certify that Universal Casualty Company has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence related to the referenced filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to Larry Wilk, CIDM, AIE, CPCU, Universal Casualty Company, 150 Northwest Point Blvd., Suite 200, Elk Grove, Illinois 60007. Should you have any questions concerning this filing, please contact Mr. Wilk at 847-700-9163 or by email at [lwilk@univcas.com](mailto:lwilk@univcas.com).

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Cleff".

David M. Cleff  
Senior Vice President and General Counsel

Cc: File (Avalon-UCC)